

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561789

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	2		1				53						
4	2		1				54						
5	2		1				55						
6	2		1				56						
7	2		1				57						
8	2		1				58						
9	2		1				59						
10	2		1				60						
11	2		1				61						
12	1	1	1				62						
13	1		1				63						
14	2		1				64						
15	2		1				65						
16	2		1				66						
17			1				67						
18			1				68						
19			1				69						
20			1				70						
21							71						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.		2	18				TOTAL DEP.						
TOTAL CLAIMS			20				TOTAL CLAIMS						